



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Death Certificate

For Date Stamp

Death Certificate – Mail Application

WARNING: False Application for a Death Certificate is a Punishable Offense

Clear Copy of Front and Back of a VALID GOVERNMENT PHOTO ID IS REQUIRED

Order Info	Death Certificate Information	Person Requesting Certificate	Notary Area	Verification	Office Use Only
<div>Today's Date _____</div> <div>Number of Copies _____</div> <div>Total Cost _____</div> <div>Purpose of Request _____</div> <div><input type="checkbox"/> Cashier's Check <u>Only</u></div> <div><input type="checkbox"/> Money Order</div> <div><input type="checkbox"/> Credit Card</div> <div>(Visa/MasterCard Only)</div>	<div>Name on Certificate: First _____ Middle _____ Last _____ Suffix _____</div> <div>Date of Birth _____ Date of Death _____</div> <div>County of Death _____ Funeral Home _____</div> <div>Special Requests (e.g., with cause, pending, additional request) _____</div>	<div>Applicant's Full Name - Printed _____ Applicant's Signature - Required _____</div> <div>Mailing Address _____ Street _____ City _____ State _____ Zip Code _____</div> <div>Daytime Telephone Number _____ Email Address _____</div> <div>Your relationship to person on certificate – Check one</div> <div>**PROOF of eligibility/relationship/legal interest MUST be provided (e.g. Will, certified copy of birth certificate, marriage certificate, joint title, joint insurance, named beneficiary, etc.)</div> <div><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other _____</div>	<div>State of _____, County of _____</div> <div>On this _____ day of _____, 20 _____ before me personally appeared _____</div> <div>(name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.</div> <div>Notary Signature _____ My Commission Expires _____</div> <div>Affix Seal/Stamp Here</div>	<div>Gov't Issued ID (OFFICE USE ONLY)</div> <div>Documents Verified (OFFICE USE ONLY)</div>	<div>Office Use Only</div> <div>____ Process ____ Return by Mail</div> <div>____ Call</div> <div>Insufficient Fee:</div> <div>____ No Fee</div> <div>____ Incorrect Fee</div> <div>____ CC Expired</div> <div>____ Incorrect Payment Type</div> <div>Identification:</div> <div>____ ID Expired/Invalid</div> <div>____ Need Clear Copy of ID</div> <div>____ Need CC Holder's ID w/ Signature</div> <div>____ Need ID w/ Signature</div> <div>Proof of Eligibility:</div> <div>____ Need Documents</div> <div>____ Need Signature on Application</div> <div>____ Applicant Ineligible</div> <div>____ Not an Arizona Record</div> <div>Other: _____</div> <div>Office Use Only</div> <div>____ State File Number</div> <div>____ Request ID</div> <div>____ Date Entered</div> <div>____ Date Issued</div> <div>____ Serial Number – VA copy</div> <div>____ Serial Number – SSA copy</div> <div>____ Serial Number - Certified</div> <div>____ Receipt #</div>
<div>Mail Application: MCOVR (Maricopa County Office of Vital Registration)</div> <div>PO Box 2111 – Phoenix, AZ – 85001</div> <div>Apply Online: www.VITALCHEK.com (Additional fees)</div> <div>Apply in Person: We have 4 locations to serve you:</div> <div>Central Valley - 3221 N. 16th St., Ste. 100, Phoenix 85016 (1 blk South of Osborn)</div> <div>North Valley – 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (East of I-17 Exit Dunlap)</div> <div>West Valley – 1850 N. 95th Ave., Ste. 182 Phoenix 85037 (101 Fwy/North of McDowell)</div> <div>East Valley - 4419 E. Main St., Ste. 105, Mesa 85205 (I-60/202 Red Mtn Fwy)</div> <div>Fees: \$20.00 per certified copy</div> <div>\$30.00 for Correction or Amendment</div> <div>For answers to your questions, downloadable forms, information on acceptable IDs, and more, please visit:</div> <div>http://www.MaricopaVitalRecords.com/</div> <div>**Include Self-Addressed Stamped Envelope**</div> <div>Hours of Operation:</div> <div>Monday-Friday, 8:00am-4:30pm</div> <div>Closed Federal Holidays</div> <div>Telephone: 602-506-6805</div>	<div>Application Checklist</div> <div><input type="checkbox"/> Proof of relationship enclosed if required (e.g. will, certified copy of birth certificate, marriage certificate, etc)</div> <div><input type="checkbox"/> Clear photocopy of front and back of your valid, signed government photo ID OR your signature notarized</div> <div><input type="checkbox"/> Sign the application</div> <div><input type="checkbox"/> Correct fee enclosed – NO PERSONAL CHECKS</div>				
<div>Payment Information</div> <div>____ - ____ - ____ / ____</div> <div>Card Number _____ Card Expiration Date _____</div> <div><input type="checkbox"/> VISA <input type="checkbox"/> MC</div> <div>\$20.00 X _____ = \$ _____</div> <div>Signature of Card Holder _____ # of Copies Requested _____ Amount to be Charged _____</div> <div>*Must attach FRONT and BACK copy of credit card holder's valid government photo ID with signature</div>					